PAYMENT VOUCHER FOR MAINE INCOME TAX WITHHELD

Maine Revenue Services
P.O. Box 1061
Form 900ME
Augusta, ME 04332-1061



1006510

Withhold	ding Account Number:		1.	Amount Remitted:	
Business	s		2.	Quarter Begin Date:	
Name:				Quarter End Date:	
3.	Date Wages/Non-wages Paid	Amount Withheld	Contact F	Person	
				Person's Telephone Num	nber D TREASURER, STATE OF MAINE

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Busines	S			2.	Quarter Begin Date:		
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